


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90001 036 ***550.00

DOCUMENT # F96000000626		
1. Entity Name JASON-CRAIG ASSOCIATES INC.		

40108650



01212008 Chg-P CR2E034 (12/06)

Principal Place of Business 1501 PINETREE CRESCENT MISSISSAUGA, ON L5G2S-9 CA	Mailing Address 1501 PINETREE CRESCENT MISSISSAUGA, ON L5G2S CA
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2. Principal Place of Business - No P.O. Box # 14 Kingmill Road	3. Mailing Address 14 Kingmill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TORONTO, ONTARIO	City & State TORONTO, ONTARIO	4. FEI Number 98-0042196	Applied For <input type="checkbox"/> Not Applicable
Zip M8X 2N8	Country CANADA	Zip M8X 2N8	Country CANADA

5. Name and Address of Current Registered Agent PLATT, DAVID M 1648 PERIWINKLE WAY SUITE B SANIBEL, FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SMITH, PAULA H 1501 PINETREE CRESCENT, MISSISSAUGA, ONT. CANADA L5G 2S9. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, CRAIG G 14 KINGSMILL ROAD TORONTO ONTARIO, CA M8X-28 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JASON D 208 FLANDERS RD TECUMSEH ONT, CA N8N-33 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, CHRISTINE P 500 RICHMOND ST W PH 27 TORONTO ONT., CA MS-VI2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (CRAIG SMITH) MAY 13/08 416-205-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #